

**FORM RD-136**  
(12/14)

City of Kansas City, Missouri - Revenue Division  
**QUARTER-MONTHLY PAYMENT OF CONVENTION  
AND TOURISM TAX HOTEL / MOTEL**

Phone: (816) 513-1120  
E-file: [kcmo.gov/quicktax](http://kcmo.gov/quicktax)



Legal Name:	_____	Mailing Address:	_____
DBA Name:	_____		_____
FEIN / SSN:	_____	Business Address:	_____
Account ID:	_____		_____
Period From:	_____	Period To:	_____

## PAYMENT COUPON

Payment Amount:

**Note: A quarter-monthly payment is required at the end of each period. Payments must be remitted three (3) banking days after the end of each period.**

**DO NOT SEND CASH. Make check payable to: KCMO City Treasurer**  
**Mail to: City of Kansas City, Missouri, Revenue Division, PO Box 804136 Kansas City, MO 64180-4136**  
For changes to name, address or FEIN/SSN, please contact us at [revenue@kcmo.org](mailto:revenue@kcmo.org) or (816) 513-1120.

Print Name of Taxpayer	Signature	Title	Date	Phone
Preparer Name (if other than taxpayer)	Signature	Title	Date	Phone